PART B - FEE(S) TRANSMITTAL

PTOL-85 (Rev. 08/07) Approved for use through 08/31/2010.

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

| appropriate. All further correspondenc indicated unless corrected below or di maintenance fee notifications. | e including the lacted otherwise | Patent, advance of in Block 1, by (a | rders and notification a) specifying a new co | of m | paintenance fees woondence address; | ill be maile and/or (b) | ed to the current indicating a sep | correspond arate "FEE | lence address as ADDRESS" for | |
|--|---|--|---|-------------|---|----------------------------|---------------------------------------|--------------------------|--|--|
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) | | | | | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. | | | | | |
| 9651 7590 ELLIOT B. ARONSON | 03/18/2008 | | | > | Cert | ificate of M | Iailing or Trans | mission g deposited | with the United | |
| 5001 HARBORD DRIVE OAKLAND, CA 94618 | | | | | I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. | | | | | |
| | | | | | | | | | (Depositor's name) | |
| | | | | | | | | | (Signature) | |
| | | | | <u> </u> | | | | | (Date) | |
| APPLICATION NO. FILI | NG DATE | | FIRST NAMED INVEN | TOR | | ATTORNEY | / DOCKET NO. | CONFIRI | MATION NO. | |
| 10/724,441 11/ TITLE OF INVENTION: AIMABLE M | 29/2003 10TION-ACTIV | ATED LIGHTIN | Wade Lee IG FIXTURE WITH A | NGU | JLATED FIELD | 1. | 3.059 | | 1202 | |
| APPLN. TYPE SMALL EN | TITY IS: | SUE FEE DUE | PUBLICATION FEE D | UE | PREV. PAID ISSUE | FEE TO | TOTAL FEE(S) DUE | | ATE DUE | |
| nonprovisional YES | I | \$720 | \$300 | | \$0 | | \$1020 | 00 | 5/18/2008 | |
| EXAMINER | | ART UNIT | CLASS-SUBCLASS | | | | | | | |
| WIŁLIAMS, DON J | | 2878 | 250-221000 | | | | | | | |
| Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | | | | | | |
| 3. ASSIGNEE NAME AND RESIDEN PLEASE NOTE: Unless an assigner recordation as set forth in 37 CFR 3. (A) NAME OF ASSIGNEE EML Technologic Please check the appropriate assignee care | e is identified be | clow, no assignee of this form is NO | data will appear on the Ta substitute for filing (B) RESIDENCE: (C) | he pargan a | tent. If an assigne ssignment. and STATE OR CO | OUNTRY) | | | | |
| 4a. The following fee(s) are submitted: | 4b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above) | | | | | | | | | |
| Issue Fee | A check is enclosed. | | | | | | | | | |
| Publication Fee (No small entity discount permitted) Advance Order - # of Copies | | | ☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form). | | | | | | | |
| Change in Entity Status (from status | ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). | | | | | | | | | |
| NOTE: The Issue Fee and Publication F interest as shown by the records of the U | ee (if required) v Inited States Pate | vill not be accepte ent and Trademark | d from anyone other the Office. | nan th | e applicant; a regis | tered attorn | ey or agent; or th | ne assignee | or other party in | |
| Authorized Signature Elist | B. als | ou | | | Date | 3/22 | 80/ | | | |
| Typed or printed name Ellio | t B. Ar | shs=h | | | Registration No | o. <u>29</u> | ,279 | | Maria della compania della compania | |
| This collection of information is require an application. Confidentiality is govern submitting the completed application for this form and/or suggestions for reducin Box 1450, Alexandria, Virginia 22313-Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of | 1450. DO NOT | SEND FEES OR | COMPLETED FORM | 210 | THIS ADDRESS. | SEND TO | : Commissioner | for Patents, | PTO to process), preparing, and aire to complete Commerce, P.O. P.O. Box 1450, | |

OMB 0651-0033

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE